



C.B.R.C. TORCH
A PUBLICATION OF THE
CENTRAL BLIND REHABILITATION BRC
EDWARD HINES JR. VA HOSPITAL

Fall/Winter 2014



"Let it light the pathways of the blind, that their dignity may be restored."

Table of Contents

Accessibility options have been implemented to enable our visually impaired readers ease and greater access to articles that are of interest to them. If e-readers float the cursor over the list of articles and use the commands “control and click” they will be launched to the article of interest they select without having to scroll through each article.

Chief’s Message	2
Mission Statement	2
About the Cover Photo	3
Staff Updates	4
New BRC Employees	4
Shingles and Vision Complications	4
Recreational Activities and Outings	7
Never Give Up	8
(HBCA) News	10
U.S. Currency Reader Program	11

Mission Statement

The mission of the Blind Rehabilitation Center (BRC) is to provide high quality blind rehabilitation service through the provision of a broad range of programs. We are a CARF Accredited Program.

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<http://www.hines.va.gov/services/blind/index.asp>

Chief's Message



Dear Friends,
Since the beginning of the year, we have had many changes take place at the Blind

Rehabilitation Center.

Mr. Jerry Schutter retired in November 2013 after 37 years of service. Ms. Mary Beth Harrison, the Asst. Chief, accepted the Director's position at the American Lake VA in Seattle, WA. In September 2014, Charles Brancheau (Living Skills Supervisor) was selected as the new assistant chief.

With all the staffing changes, our Blind Rehabilitation Program and providing appropriate training to our Veterans and active duty service members is still our priority.

At the Center, we continue to stress the core Blind Rehabilitation Skills. However, with technology we must continue to build on our program without jeopardizing basic Blind Rehabilitation. We refocused our program so that we may better address the needs of those Veterans and Active Duty Soldiers waiting to receive our service.

As we look forward to the upcoming changes of administration, we will continue to investigate even more ways to improve the overall quality of services to each individual that participates in our program. As the number of requests and needs for service increase and change, we will continue to build our program and services to address these needs.

About the Cover Photo

By: Chuck Brancheau



The photo on the cover of this issue is of Mr. Donald Combs during a rock climbing outing that some of

our Veterans participated in with our Recreation Therapist, Melissa Winter. At age 66, Mr. Combs is a great example of someone who is not letting his vision loss get the best of him. While in our program, he has tried to participate in all that he can to gain confidence in his abilities to overcome any obstacles because of his vision loss. Way to go Mr. Combs!

Staff Updates

New BRC Employees

By: Sarah Appler



Hines VA Assistant Chief, Mary Beth Harrison, has accepted the position of Director of Blind

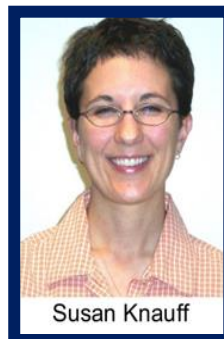
Rehabilitation at the American Lake VA in Tacoma, Washington. Mary Beth started her new position as Director at the end of July 2014. Mary Beth served over 20 years at Hines as a Living Skills instructor, then Living Skills Supervisor and finally as the Assistant Chief of Hines.

Maggie Elgersma, former CATS Instructor, is the new Polytrauma Blind Rehabilitation Outpatient Specialist (BROS).

Marilyn Williams, Program Support Assistant, has retired after many years of service at the Hines VA.

Shingles and Vision Complications

By: Susan Knauff



Shingles is a term used to describe a painful, blistering rash which is caused by a recurrence of the chickenpox virus that has been

dormant in the body. This virus, which has been dormant since an earlier chickenpox outbreak, can reoccur later in life from unknown triggers. Shingles can be mild or severe. Some people may have itchiness, while others feel intense pain from the gentlest touch or breeze. The most common location for shingles is along the waistband along one side of the trunk of the body. The second most common location is on one side of the face around the eye and/or the forehead. But, shingles can appear on any part of the body. An individual cannot get shingles without an earlier exposure to chickenpox. Most adults who have the dormant virus will never get shingles. Those individuals most at risk for getting shingles may have one or more of the following risk factors:

- Age – Shingles is most common in people 50 years and older; the risk increases with age.
- Diseases that weaken the immune system, such as HIV/AIDS and cancer can increase your risk of developing shingles.
- Cancer treatments – undergoing radiation or chemotherapy can lower your resistance to diseases and may trigger shingles.
- Medications – such as drugs meant to prevent rejection of transplanted organs as well as prolonged use of steroids.
- Children whose mothers developed chickenpox late in pregnancy (5-21 days before birth) or children who had chickenpox as an infant have an increased chance of developing pediatric shingles.

The only way that shingles can be passed on to someone else is to come into direct contact with the open sores of the shingles rash. So, an infected person can be considered contagious until the shingles blisters scab over. A person with shingles can pass the virus to someone, such as a child, who has never had

chickenpox or the chickenpox vaccine. In this type of case, the child would develop chickenpox, not shingles. While the person still has open blisters, they want to avoid contact with anyone with a weakened immune system, newborns, and pregnant women.

One complication of the shingles virus may affect a person's eye(s). If shingles affects a person's eye, nose, cheek, or forehead, the chances of developing ocular shingles increases to approximately 40%. Ocular shingles is a serious condition that can have a permanent effect on one's vision. Some symptoms of ocular shingles can include blurry vision, lack of sensation in the eye, swollen eyelids, redness, pain, discharge from the eyes, and temporary or permanent blindness. Immediacy in seeing the doctor is crucial in order to get early treatment and limit the amount of damage done by the virus. The most effective course against shingles spreading to the eyes or other areas includes antiviral drugs if taken within 72 hours of onset of the rash. The parts of the eye that can be infected by shingles include:

- The eyelid which can become swollen, resulting in blocked vision. Eyelashes

can fall out and scarring can occur.

- The cornea can get ulcers and inflammation that can lead to permanent scarring. This can result in blurry vision and blindness, as well as a loss of sensation of the cornea, where one may no longer sense “something” in their eye.
- Uvea, including the iris – inflammation of this area of the eye can lead to permanent scarring. It can cause increased fluid pressure in the eye which can increase the chances of developing glaucoma.
- The retina can be infected and cause the retinal cells to die off, resulting in blurry vision and pain in the eye. If this is left untreated, it can lead to blindness.
- If the optic nerve is affected by shingles, it can become inflamed, causing damage to the nerve like the damage caused by glaucoma, which could result in vision loss.

To diagnose ocular shingles, the doctor would perform an examination of the rash surrounding the eye, as well as

listen to the description of symptoms from the patient. If severe symptoms are present, an eye doctor would want to perform a dilated eye exam and test the patient’s eye pressure in order to determine which parts of the eye are being affected. Currently, there is no cure for shingles. However, the viral attack can be made less severe by using prescription antiviral drugs such as acyclovir, valacyclovir, or famcyclovir as soon as symptoms develop. Early treatment can be helpful in reducing the amount of pain and helping the blisters dry faster. It is essential that the infected person not miss any doses or stop taking the medication early. Other treatments can include anti-inflammatory corticosteroids, such as prednisone, which are routinely used when the eye or other facial nerves are affected. Again, it is essential to see the doctor as soon as possible, especially if the rash develops anywhere on a person’s face.

Two vaccines are currently available that may help prevent shingles. One is the chickenpox vaccine which is now a routine childhood vaccine. It can also be given to adults who have never had chickenpox. The vaccine does not guarantee that the

individual won't get chickenpox, but can reduce complications and the severity of the disease. The other vaccination is the Shingles vaccine which has been approved by The Food and Drug Administration for adults 50 and older. Like the chickenpox vaccine, it does not guarantee that a person won't get shingles, but it can reduce the severity and can reduce the risk of some of the side effects.

If the shingles virus permanently affects the individual's vision, evaluation by a low vision optometrist may aid in establishing visual aids that can assist the person in using their remaining vision effectively. Also, state, private, and veteran's blind rehabilitation programs can assist in training needs for orientation and mobility, low vision, activities of daily living, technology goals, as well as manual skills.

To search on-line for additional information, the following are sources that were used for this article:

The Mayo Clinic.

<http://www.mayoclinic.org/diseases-conditions/shingles>

Everyday Health.

<http://www.everydayhealth.com/shingles/visions-problems>

NHS Choices.

<http://www.nhs.uk/Conditions/Shingles/Pages/Complications>

National Institute of Neurological Disorders and Stroke.

<http://www.ninds.nih.gov/disorders/shingles>

BRC Recreational Activities and Outings

By Melissa Winter



Eight veterans who are inpatients at the Hines Blind

Center just

returned from participating in the 21st annual National Veterans TEE Tournament.

Two hundred veterans came from across the country to participate in the golf tournament. The weather kept us on our toes again this year as we had rain pour down on the courses all night Tuesday. The rain dealt us some complications with wet or closed golf courses and soft grounds on the way to kayaking. The TEE did offer some alternative activities like shopping at a local mall and trips to the local town of Kalonah on Wednesday. Thursday came

around and it was back to the golf courses for the tournament in some chilly weather. Cold weather does not stop most veterans from playing a round of golf though so the TEE did a great job in offering blankets, jackets, and sweatshirts to everyone to keep us all warm. Congratulations goes out to all the veterans who came out this year and played and to those who won on their courses. The summer activities are ending but we are still trying to sneak a few more fishing and golfing dates before the chilly weather creeps in.



Never Give Up

By: Jamie Ogarek

This past summer, I had some interesting experiences with my blinded veterans. Our veterans come from all fifty states and working with them is most rewarding. Lately, several Veterans expressed interest in automobile related hobbies. Some work on race cars and others street cars. Our veterans are always doing something interesting. Some even pursue the task of

undertaking custom paint jobs on their metal companions.

The summer kicked off with our veterans meeting a highly successful racecar builder, with his own team and car, Jay Blake (non-veteran). He started "Follow a Dream" organization (followadream.org) to help inspire others to do anything with "positive thinking and self-determination." He lost all his vision as a teenager due to a car explosion. He stated, "I am not going to let the vision loss control me, instead I will control my life." Throughout the summer, other veterans expressed their interest in working on cars and trucks. Dan Westberg, a Vietnam veteran, came through our program in July. He proudly showed off a picture of his bright orange 1968 Camaro that he recently built and painted, which was pinned at his workstation. Another great advantage of working here is that many of us received Dan's autographed copies of his beautiful sweetheart, his car. He explained that he has been working on cars since he was a teenager. The first car that he drove, a 1961 Mercury, was one that he repaired. It had come from his backyard and had been stationary for several years. His

dad offered to give the car to him if he would fix it. Dan loved the challenge and enjoyed reading the car manual. This evolved into a career as a mechanic, which led to his hobby of building racecars and racing, too. In 1990, National Hot Rod Association ranked him the top sportsman.

When Dan became visually impaired at the age of 48, he almost quit his hobby of working on cars. Fortunately, his VIST team of Bonnie Whitson and Kandace McCue, at the VA Hospital in Central Iowa encouraged him to continue with his hobby. He realized with patience and perseverance he could perform anything on a car, even custom paint jobs. His son has the privilege of racing his cars! Not only does Dan continue to love working on cars, he took up a new hobby of playing golf with the help of his local VA. He attended the Tee Tournament, in Iowa in September. Dan said that the best advice he received, again from his VIST Team, "never give up because you can still do things."

Another veteran that enjoys cars, Bobby Staley, a 69-year-old Vietnam veteran, spent over four months overhauling the engine of a 1999 Camaro. In addition,

he sanded and custom painted this metal sweetheart. His tenacity of working on cars compelled him to create a side table designed with three pistons for feet and a camshaft for the table stem. His wife loves it. In fact, his wife Becky's constant encouragement enables him to continue his interests.

Other inspiring veterans that have recently gone through our program include Tom Cornwell, an 82-year old Korean veteran. He decided to take on a new hobby of mixing up the most mouthwatering cookies we have ever tasted. He baked several batches weekly; one of his specialties is double chocolate chip, peanut butter and oatmeal. His main goal is to pass out these amazing treats and make other people happy, including a 105-year old lady in his community who does not want to leave her home.

One of our younger vets, Jimmie Coplin, began a new career as an artist after he lost his vision to diabetes. He is creating Native Indian art out of feathers and framing it. People are excited about his work because it is unique. He is excited about embarking on a new adventure. There are many more stories. Life does change for people with visual impairments. It can

evolve to doing different activities or returning to a past hobby using different adaptations. Keep the hobbies going and never give up.

Hines Blind Center Alumni (HBCA) News

By: Melody R Angelini

The end of the year is fast approaching. This means that it is time for members to renew their membership. If you received a complimentary membership in 2014, you need to decide if you want to be an annual member or life member at this time.

Monies from membership dues are used for newsletter costs, social events for Hines Blind Rehab Vets, website maintenance, phone conferencing, reunions, emergency assistance and recreational venues. Dues costs are as follows:

Age 80 and over Lifetime Membership paid in full by HBCA
All Other Veterans- Lifetime Membership is \$50.00 onetime fee OR \$70.00 (\$10.00 yearly 7/years). All members eventually become Lifetime members.

This is also the time to look forward to our bi-annual Reunion

and Election of new Officers. As in the past the Reunion is being planned for the third Friday of June (June 19th 2015). Further information will be forth coming. We currently have temporary openings in our Alumni and will have more officer and director vacancies in June. These positions are designed to last about three years, but since there have been no members stepping up to the plate, our current officers have been in their positions for as long as nine years. These dedicated officers are not planning to fill these positions in June. If nobody steps forward, our wonderful organization will cease to exist. The ball is in the membership's court to step up to keep us going. We have quarterly conference call meetings each year and a gathering of our membership every two years, so these positions will not take up too much of your time. Please consider filling these temporary vacancies and running for a worthwhile position in June. If you are interested, contact any Officer, Director, or, our Executive Secretary (Melody) for additional information.

U.S. Currency Reader Program



Excerpt from
Bureau of
Engraving and
Printing website.
www.BEP.gov

As an interim measure in advance of issuing tactile-enhanced Federal Reserve notes, the BEP is providing currency readers, free of charge, to eligible blind and visually impaired individuals.

On July 3, 2014, the BEP announced its distribution plans for the U.S. Currency Reader Program. Details of the announcement can be found in a press release issued on Thursday, July 3, 2014, and others released on July 14, 2014, and August 18, 2014.

The U.S. Currency Reader Program launches in two phases:

Pilot: Beginning September 2, 2014, in partnership with the National Library Service for the Blind and Physically Handicapped, Library of Congress, (NLS) the BEP initiated a four-month pilot where NLS patrons can pre-order a currency reader. The pilot program allows the government to test its

ordering and distribution processes and gauge demand for currency readers. To receive a currency reader, eligible individuals who are currently patrons of NLS need only contact their NLS regional library or call 1-888-NLS-READ. When prompted for regional library (third tone), say "library," and you will be connected to your nearest braille and talking book library. Ask for a currency reader, and someone will take your name and contact information so that you will be issued a currency reader when they become available.

National Rollout: Currency readers will be widely available to all U.S. citizens, or persons legally residing in the U.S. who are blind or visually impaired, starting January 2, 2015. Individuals who are not NLS patrons must submit an application, signed by a competent authority who can certify eligibility. Applications will be available on this website and processed for non-patrons of NLS beginning January 2, 2015.



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**FREE MATTER FOR THE BLIND
& PHYSICALLY HANDICAPPED
POSTAL MANUAL PART 135**